

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **33717**

LED SEP 25 1952

BIRTH NO. **55584** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2372**

1. PLACE OF DEATH a. COUNTY St Louis b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hts. c. LENGTH OF STAY (in this place) 1 day d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis d. STREET ADDRESS 4919 Blow (If rural, give location)	
---	--	---	--

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Joseph c. (Last) LaVear Jr.			4. DATE OF DEATH (Month) (Day) (Year) Sept 11, 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug 7, 1952	9. AGE (in years last birthday) 1	10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY NONE		
11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Robt Jos LaVear Sr.	13b. MOTHER'S MAIDEN NAME Catherine Russo	14. NAME OF HUSBAND OR WIFE Robt Jos. LaVear Sr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. none		
17. INFORMANT'S SIGNATURE OR NAME Robt Jos. LaVear Sr		
ADDRESS 4919 Blow		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) tumors like mass in mitral valve DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH 13 hrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 11, 1952 **to** Sept 11, 1952 **, that I last saw the deceased alive on** Sept 11, 1952 **, and that death occurred at** 11:15 PM **, from the causes and on the date stated above.**

23a. SIGNATURE C. R. Hamilton (Degree or title) MD	23b. ADDRESS 35 N. Central, Clayton	23c. DATE SIGNED 9/10/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/15/52	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.
24d. LOCATION (City, town, or county) (State) St Louis County Mo		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons
DATE REC'D BY LOCAL REG. 9-13-52		REGISTERAR'S SIGNATURE Herbert R. Donke MD
ADDRESS 7027 Gravois		

52 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Graven*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.